

# Your Newborn FAQ

## **What's normal for my baby's bowel movements (stools) and voids (pees)?**

In the first 1-3 days of life, you can expect your baby to have sticky, greenish-brown stools called 'meconium'. Apply olive oil to the clean bum, which will make it easier to get off at the next diaper change. Once the mother's milk begins to come in on days 2-4 after the birth, the baby's stool will change first to a green stool (transitional stool) and then to yellow mustard-coloured stools (breastfeeding stools). After Day 3 of life, babies usually have 2-3 or more yellow stools per day, but some babies have perfectly normal growth and bowel function with less stools.

Babies usually have the same number of voids as she is days old; ie: 1 void in the first day of life, 2 voids on Day 2, 3 voids on Day 3 and then the frequency of voiding should increase to 4-5 heavy wet diapers/day. Sometimes it can be hard to track your babies voids as diapers can be very absorbent; putting a piece of tissue in the baby's diaper can help you will be able to see them better.

Babies' pees and poops are one way that your midwife will help you to assess how well your baby is feeding.

## **Why does my baby seem to have 'bluish' hands and feet?**

In the first few days of life, babies have pink bodies and faces, and can have bluish tinged hands and feet, even when they are warm. This is normal. It takes a few days to establish adequate circulation to their extremities. Babies can also appear to be quite red when they are crying, this is also normal. If your baby's body/face appears blue and/or they are not breathing, you should contact your midwife right away.

## **My baby seems to have irregular breathing, is this ok? Sometimes he/she also seems to spit up a lot of mucous.**

Normal newborn breathing is irregular. Babies sometimes have periods of rapid breathing, followed by a short period of breath holding, followed by a deep shuddering, sighing breath. A baby's normal breathing rate is 40-60 breaths/minute, this is quite difficult to count, but you can observe your baby's breathing rate by uncovering their chest.

In the first 24 hours of life, babies can also have quite a lot of mucous coming from their mouth and nose as they clear the fluid that once filled their lungs and nasal passages.

They may actually gag to help expel it. Sometimes tilting the baby's head lower than their body and rubbing their back can help them to pass the mucous. It is also quite common for babies to cough, sneeze and hiccough.



### **What is my baby's normal temperature?**

Babies' temperatures range from 36.5 to 37.5 degrees Celsius. This temperature is taken under the arm, NOT rectally. Keeping babies warm is very important as they lose heat quickly. One rule of thumb is to dress your baby in one layer more than what you would wear. Keeping your baby skin to skin with you also helps to maintain temperature, as well as to help with establishment of breastfeeding. Let your midwife know if your baby's temperature is out of this range.

### **How do I care for my baby's skin?**

Babies are gently cleaned off with blankets/towels after birth to keep them dry, but there is often no need to bathe a baby immediately after delivery. In fact lots of skin-to-skin time with parents can help babies grow 'good' bacteria on their skin. Once you are home, you do not need to bathe your baby every day; sponge-bathing in areas which may accumulate milk (neck, behind the ears, armpits, chest) as well as the diaper area is really all that is needed initially. A full bath about twice a week should be plenty. For your baby's first full bath try bathing together. Have someone pass you the baby once you are in the bath. You can place him/her on your chest at first and slowly introduce them to the water. This is a good approach for babies who don't like the baby bath. Avoid using soap if possible, but if you do use soap, use something mild and non-scented.

Babies' skin can be quite dry and flakey in the first weeks of life, especially if they were born after their due date. You can apply olive oil/almond oil or some other very mild, unscented oil to help with the dry skin, however, it will clear up in time on its own. Babies also frequently get 'baby acne' on their face/neck, which disappears with time. Do not apply any acne ointment to your baby's face/neck. Blotchy, red 'newborn rash' is also quite common in newborns, and clears up quickly on its own with no treatment. 'Cradle cap' is a form of eczema (small raised bumps on the scalp/forehead which are often flakey) and can be treated by applying olive oil to the affected area and combing/brushing out after a few hours.

Remember that babies put their hands in their mouths all the time! Any creams/ointments that you apply to your baby can easily be swallowed by them.

### **What about diaper rash?**

Letting your baby's bum air dry after diaper changes, or drying it with a hairdryer on a low setting, and applying a good barrier cream (usually these creams contain zinc oxide) to your baby's bum will treat most diaper rashes. Sometimes changing baby more frequently or switching diapers can help. If your baby's rash doesn't respond to these simple methods, talk to your midwife.

### **What is the best way to trim my baby's nails?**

Some baby's nails are quite long after birth. The first 2 or 3 times you cut your baby's nails you should use any tool besides nail clippers (even if they are designed for babies). Your baby's nails and skin are attached at first and it is difficult to avoid cutting their skin if you use clippers. Try baby nail scissors, a baby nail file, a small crystal nail file or simply bite them off with your teeth.

### **What is jaundice?**

Jaundice is when a baby stores a substance called bilirubin in their skin cells. Bilirubin is the normal breakdown product of the baby's red blood cells and produces a yellow colour in the skin and whites of the eyes. Jaundice is common in 50% of newborns in the first 3-5 days of life, but can last much longer in some babies. Provided your baby has an appropriate number of voids and stools

Feeding your baby plenty of breastmilk both helps to prevent and treat jaundice. This is because bilirubin is excreted through the stool, and the more your baby drinks, the more stool she will pass. Putting your baby in direct sunlight with no clothing can help to break down bilirubin. Your midwife will



assess your baby's skin colour each time they visit with you. If the jaundice is more severe, your midwife may recommend a blood test to measure the bilirubin level in your baby's blood.

### **How do I care for my baby's umbilical cord?**

The baby's umbilical cord stump will naturally fall off at 7-10 days of age. The process of the cord drying and falling off is 'necrotic', meaning that the tissue of the cord stump needs to be broken down by bacteria. Because bacteria are needed for this process, the cord can often be quite smelly and goopy. This is normal! You do not need to clean the cord with alcohol; in fact, this slows the process down as it kills the bacteria. You can gently wipe away the goopy discharge with some boiled, cooled water with a Q-tip if you feel the need, but do not insert it into the belly button. You can always bathe your baby even if the cord is still attached. If the skin around the cord stump becomes red, swollen, pussy or hot, you should check in with your midwife as very rarely the belly button can become infected.

### **What is Vitamin D and do I need to give it to my baby?**

Vitamin D contributes to healthy bones and teeth in babies, as well can be important in preventing some diseases later in life, such as diabetes and arthritis. Babies, particularly breastfed babies in northern climates, do not get enough Vitamin D and this occasionally can lead to the development of rickets. Rickets is a disease leading to abnormal bone and joint development. The Canadian Pediatric Society recommends that all babies receive 400 international units (IU) of Vitamin D per day in the winter months (Oct- May in the Vancouver area), or anytime when they are not exposed to sunlight for at least 20 minutes/day. If your baby has darker skin, or you live at latitude higher than Edmonton, it is safe to give your baby 800 IU of Vitamin D. You can buy Vitamin D drops for infants at any health food store or pharmacy. Several forms exist, including D-Vi-Sol which is sugar based, and Baby D-Drops which is vegetable oil based.



### **Is it ok for my baby to have a pacifier?**

Pacifiers (dummies, suckies, soothers) are silicone/rubber nipples sometimes given to babies to allow them to suck when they are not nursing. Generally it is not a good idea to give your baby a pacifier before adequate breastfeeding is established (at 4-6 weeks of age). There are two reasons for this. Newborns can become confused with the 'small' suck of the pacifier and the 'big suck' of a proper latch at the breast, resulting in latching problems. Using a pacifier with a newborn can also result in misinterpreting the baby's hunger as a need to suck, resulting in a failure to thrive. Some believe that it is easier to break a sucking habit with a pacifier than with a baby who sucks their thumb, but this is very individual. Some tips: never give your baby a pacifier instead of feeding, always make sure that there are no cracks or tears in the nipple before giving it to your baby, and never dip a pacifier in sugar or honey. If you are wondering if your baby is ready for a pacifier, talk to your midwife about this at one of your check-ups.

### **My baby's eye is 'goopy'. Is this an infection?**

More than likely, this is a blocked tear duct. The tear duct carries tears from the eye to the nose and can become blocked in newborns. Often only one tear duct is blocked at a time. When the duct becomes blocked, a lot of watery discharge can be found in the eye, even when the baby has not been crying. Often when the fluid dries up, it can be yellow-tinged. Sometimes infection can develop if the fluid is not able to clear. You can help to prevent infection by squeezing breastmilk directly into the eye directly several times a day. You should not wipe the eye with non-sterile substances, so another option is to boil some water and cloths and allow them to cool. You can then use this to wipe the eye from the inside out. Massaging in an outward direction from the nose to the inner corner of the eye a few times a day can loosen the obstruction.

Signs that an infection is developing include redness, swelling and heat. Call your midwife if you suspect this.

### **Is my baby 'colicky'?**

Healthy babies cry. Sometimes a lot, and sometimes they are impossible to soothe, in particular at specific times of the day. You may have already tried to feed, change and cuddle your baby and may not be able to soothe them.

Recent information suggests that what used to be termed 'colic' (or an impossible to comfort baby who cries strongly for many hours in a day) is actually a normal stage of development for some babies. Your baby may have a more sensitive temperament or may have difficulty controlling their crying or self-soothing. There has been no long-term effect of prolonged crying shown, and this 'stage' often lasts at most until 3-4 months of age. In most cases, there is nothing wrong with the bowels of a baby who cries frequently.



Dr. Jack Newman, a Canadian pediatrician and breastfeeding expert, suggests that babies with frequent crying episodes may benefit from additional hind milk when breastfeeding. The idea is that too much of the 'skim milk' the fore milk may irritate the bowels of some babies as it passes quickly through the intestinal tract. You can try feeding your baby on the same breast for two feeds in a row if you have lots of milk, or try to get your baby to feed longer at each feed. Some women pump off some of the fore milk first and then feed their babies. Ask your midwife about whether any of these strategies could be right for you.

The most important thing if you have a baby who cries frequently and who is not hungry, requiring a diaper change or simply needing to be held, is to get adequate support. It can be very stressful for parents to manage this scenario without additional help – which may simply be in the form of someone else coming to hold your baby for you for a few minutes while they cry.

Here are some strategies for coping with crying babies:

- always offer a feed, a diaper change and a cuddle first.
- try to swaddle your baby.
- you can try gently bouncing your baby, putting them in a swing, or taking them for a walk in a sling or a drive in the car.
- babies like white noise. This can be from a vacuum cleaner, or some babies love to be blow-dried (with attention to heat of the air of course) after a bath.
- keep lights dim and stimulation low.
- some videos, including 'The Happiest Baby on the Block' offer good advice on ways to console your baby.
- most of all, this situation requires a lot of patience. If you feel yourself getting very upset and frustrated, remember to ask for help.